New England Deaconess Hospital

pulse

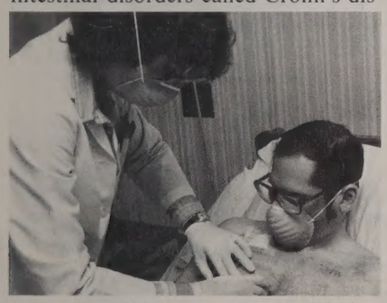
185 Pilgrim Road, Boston, Massachusetts VOLUME 33 – NUMBER 16 APRIL, 1980

Home parenteral nutrition saves patients from starvation

Most of us take eating for granted. Somehow we've grown accustomed to sending a daily smorgasbord of tasty treats down the hatch without giving the matter as much as a second thought. For us, eating has become one of life's little unacknowledged pleasures.

But for others, eating means pain and a reduced appetite, bringing on a gradual wasting away process that approaches starvation. Just ask Marshall Frank, Douglas Fournier and Lee Koonin.

These three people have worsening intestinal disorders called Crohn's disease which had led to many operations, the loss of much of their digestive tracts and with it a failing ability to absorb much nutrition from food. Recently, however, they have been among 25 patients helped to resume normal lives away from the hospital through a special treatment called home parenteral nutrition (HPN), a process which was pioneered in Boston and New England at the Deaconess Hospital by Dr. George Blackburn's Nutrition Support Service. Other candidates for this treatment include some patients with radiation enteritis, short bowel syndrome, rare diseases of the GI tract and catastrophic abdominal traumas sustained in automobile accidents or gun and knife injuries.



Hyperalimentation nurse Sue DiPalma changes Marshall Frank's catheter dressing.

HPN was developed about 15 years ago by Dr. Stanley Dudrick, while working in the department of surgery at the University of Pennyslvania, for intravenously feeding certain critically ill hospitalized patients who otherwise could not receive adequate nutrition by mouth.

Selected patients undergo a surgical procedure for permanently implanting a silicone rubber catheter line to receive liquid food via an infusion pump (figure 1). First, a small incision is made in the chest below the collar bone over the cepahlic vein leading to the heart. After opening the incision, a tunnel is formed under the skin exiting at mid-chest. The catheter is then drawn back through the tunnel and threaded through the cephalic vein into the superior vena cava which is the entrance to the right atrium of the heart. Placing the catheter deep into this major vein permits long term intravenous feeding. Normal intravenous sites in the arm cannot handle the large viscous sugar material which would cause these smaller veins to collapse.

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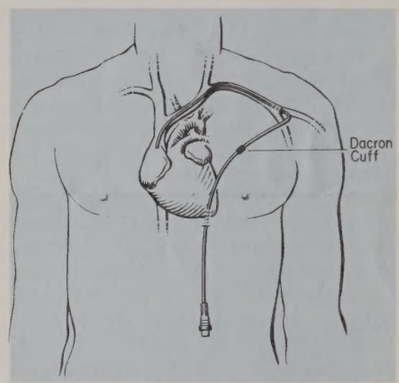

Figure 1 – *Diagram of surgically implanted hyperalimentation catheter inserted in coronary vein.*

Taking the mystery out of cancer

Cancer is one of the diseases Americans fear most, and yet few people realize there are 100 different types of cancer, some of which are 80-100% curable. According to the National Cancer Institute, cancer mortality for people under 60 has leveled off over the past 10 years.

"Cancer is actually one of the most curable chronic diseases in the country today," said Dr. Merle Legg, chief of the pathology department, "Skin cancer for example should be 100% curable; while substantial improvements in survival rates and quality of life have also been achieved in the treatment of patients with leukemia and cancer of the uterine lining, uterine cervix, colon, rectum, bone, and lymph nodes."

The Deaconess treats over 1400 new cancer patients a year. As there are many types of cancer, there is no one plan of therapy which is equally beneficial for each kind. In addition to the primary physician, it takes a team of pathologists, surgeons, radiotherapists, diagnostic radiologists and chemotherapists to diagnose the cancer and plan a specific line of treatment.

Early detection is certainly the key to effective cancer management in many cases, but can cancer be prevented? "We know that genetics, the environment, industrial hazards, diet and self-indulgence can all separately, or combined, contribute to cancer development," said Dr. Legg, "Cancer has a latency period of 10-30 years so carcinogens we are exposed to now may not be apparent for many years – but we can control known factors."

For example, cigarette smoking will account for 118,000 deaths this year, obscuring the progress made in other areas. Besides affecting the lungs, smoking can cause cancer of the bladder, mouth, larynx, esophagus and perhaps the pancreas. Smoking combined with large amounts of alcohol consumption greatly increases a person's risk factors.

"Some people have the attitude that 'everything causes cancer so what can I do about it,'" said Dr. Legg, "But in many cases we do have a choice. We can lower our risk factors immeasurably by educating ourselves, being aware of cancer research and controlling our lifestyles."

But what happens if cancer develops despite preventive medicine? Cancer is a term which includes a great range of diseases. It is characterized by the abnormal and uncontrolled growth of

(continued on page 2)

Deaconess administration restructures management level

A hospital's growth comes in many forms other than in the number of its beds. Since 1896 the Deaconess has experienced several kinds of changes and these past five years have shown no exception. As we enter the 1980s, the Deaconess is faced with a series of new challenges stemming from growth and change within the hospital and from events in the outside world.

Pressures of economy and changes in health care regulations have created a need for the Hospital to reorganize its management structure and strengthen its expertise in the planning and regulatory areas. To meet these challenges with standards of performance that are consistent with a leading medical institution, President Laurens MacLure and Director Richard Lee are pleased to announce the following administrative reorganization which was approved at the Board of Trustees meeting in March.

Ellen D. Howland, David F. Lilley, and **Roger A. Perry Jr.** have been named associate directors in addition to Peter Campisano, who has held that title since 1976. Under the new title, Miss Howland and Mr. Lilley will maintain their current responsibilities, and Mr. Perry will add administrative responsibility for public relations to that of external resources.

Marjorie R. Pond and **Paul Babcock** have been named assistant directors, joining the ranks of Hubert Sycamore, Robert Pence, and Dean Annis. Miss Pond will maintain her current responsibilities, and Mr. Babcock's responsibility will remain in long range strategic planning.

Eleanor Clapp Lowry has been named coordinator of patient relations. Her responsibility will be to expand her work with patients, assisting administration as liaison to patients in the handling of complaints, inquiries and various patient needs. She will be available to staff, nursing and other departments to help with non-clinical patient problems. A new director of public relations will be hired to manage the hospital's publications and to expand news media coverage.

Zelia Gorman will join administration to assist Mr. Lilley with Brookline Hospital and other multi-institutional programs.

Nonsmokers meet at NEDH on May 17

The Deaconess will be the site for the First Annual Nonsmokers' Rights Convention, from 9:30 a.m. to 3:00 p.m. on Saturday, May 17 at Audrey Kennedy Hall (School of Nursing).

The program will feature a panel discussion and workshops on such topics as, "Your Rights as a Nonsmoker in Public Places, Including the Workplace," "Health Effects of Secondhand Smoke," and "Nonsmokers' Rights and Legislative Action".

The Group Against Smoking Pollution (GASP), the grassroots activist branch of the nonsmokers' rights movement, will co-sponsor the event.

Rita Addison, president of GASP, said that the nonsmokers' protection efforts were buoyed by an article published last month in the New

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Hyperal
(continued from page 1)

With the catheter firmly implanted into the cephalic vein, that area is secured and both ends of the tunnel are closed. About four inches of catheter tubing is left protruding from the lower incision as a leader for the pump. From this point on HPN patients like Marshall Frank, Doug Fournier and Lee Koonin normally plug into the pump at night and during the next 12 hours are fed individually prescribed solutions containing all the proteins, calories, vitamins and minerals they need in order to live.

Shortly after receiving their catheters, HPN patients at the Deaconess participate in a thorough training program taught by hyperalimentation nurse specialists. This program familiarizes patients with all aspects of HPN and is designed to make them self reliant away from a hospital setting.

Initially, patients are taught to operate and maintain their infusion pumps. Those patients who will mix their own solutions receive pharmacy instruction in sterile solution preparation. Perhaps of paramount importance, patients learn the correct technique for changing their catheter dressing which must remain sterile at all times to prevent the risk of infection. Only when patients have mastered these necessary tasks are they ready to assume full care of their system at home.

Apart from the obvious benefits of supplying much needed nutrition to Marshall Frank, Douglas Fournier and Lee Koonin and returning them home to lead normal lives with their families, HPN also greatly reduces medical expenses. After purchase of a $1200 pump, the average cost of solutions for HPN patients runs $75-100 a day, mostly covered by medicare or private insurance in some states. Otherwise, a hospitalized patient receiving this treatment would run up a daily bill five times as high – up to $500 per day.

Out of the pain of their ordeal, Lee Koonin and her husband, Marshall, started the Lifeline Foundation at their home in Sharon (MA) designed to bring information and hope to 800 member HPN patients, and to seek changes in insurance benefits and regulations. High on their list of goals is to change the current Catch-22 clause in medicare coverage which requires HPN patients to be declared "disabled" and unable to work when HPN actually enables many to return to rewarding careers. Both Dr. Black burn and the Koonins are taking an active role in seeking better medical coverage and remain hopeful that these changes will occur.

At home Lee Koonin mixes IV ingredients that make up her meals.

Other members of the Deaconess Nutrition Support Service involved with HPN include Drs. Bruce R. Bistrian, Albert Bothe, Donald Miller, Victor Rosenoer; hyperalimentation nurses Sue DiPalma and Amy Andolina; Joanne Wade, dietician; Margaret Lahey, coordinator; Karen Walsh, diet technician; and Kathy Lynch, social worker.

Deaconess receives federal energy grant

The U.S. Department of Energy has awarded a $205,000 matching funds energy grant to New England Deaconess Hospital. The award is part of a $3 million federal energy conservation program for qualifying schools, hospitals and local government units in Massachusetts.

Of the $3 million allocated to Massachusetts, 30% (or $900,000) was awarded to area hospitals. The Deaconess grant is the largest single award given to a hospital in Massachusetts.

To qualify for a grant, each applicant institution had to successfully complete a series of rigorous energy audits demonstrating a minimum reduction of 20% in energy use from 1973 to 1979. Detailed plans were also required listing energy conservation measures which would be undertaken with grant funds. In addition, a state determination of need had to be obtained granting permission to spend matching hospital funds on proposed energy conservation measures.

Hubert D. Sycamore, assistant director of NEDH, who supervised the grant proposal work performed by the maintenance and engineering department, said the grant funds will be used for extensive energy conservation measures in the Palmer and Meissner buildings. The Palmer building is scheduled for roof insulation and the installation of prime aluminum thermopane windows on all floors. Meissner conservation steps include converting the heating/cooling unit to a more efficient variable air volume system; installing a heat recovery device called a heat loop; insulating the roof; and adding fiberglass insulation sheets on portions of the glass sidewalls.

Cancer *(continued from page 1)*

cells resulting in tumors which can be either benign or malignant. Benign tumors are localized, can be removed by surgery, and usually do not spread or threaten one's life.

Malignant tumors (cancers) invade and destroy surrounding normal tissues. If cancer cells break away from a tumor they can travel through the blood or lymph (clear fluid that bathes body cells) system to start new cancers in other locations. This spread of cancer is called metastasis.

When a physician suspects cancer, his or her patient undergoes a series of tests to establish an exact diagnosis. This includes a biopsy, which is the removal of tumor cells or tissue for histologic examination by a pathologist. The biopsy can be taken several ways: for surface sites such as the cervix, a Pap smear (scraping off of cells) can be performed.

Less accessible organs can be reached with long specially designed needles while the patient is under anesthesia. Several organ sites such as the lung, kidney and liver can be biopsied in this matter. The examination is usually performed under radiologic or ultrasound guidance for accuracy. In these instances, several diagnostic radiologic tests may be done before the biopsy.

Cancer's Seven Warning Signals:

1. Change in bowel or bladder habits.
2. A sore that does not heal.
3. Unusual bleeding or discharge.
4. Thickening or lump in the breast or elsewhere.
5. Indigestion or difficulty in swallowing.
6. Obvious change in wart or mole.
7. Nagging cough or hoarseness.

A common example would be a patient whose liver had enlarged and was suspected of having a tumor. The patient would first have a liver scan performed by a technician in nuclear medicine. About 15 minutes before the scan, the patient is injected with a radioisotope that is known to concentrate in special cells of the liver (reticuloendothelial cells).

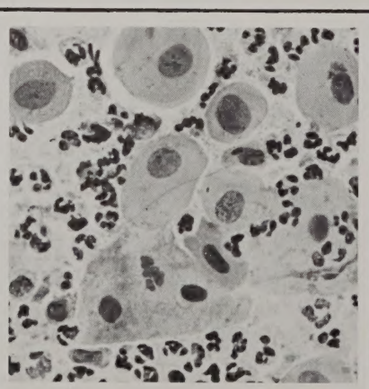
The patient's abdominal area is then scanned by a gamma camera (like a geiger counter) to search for radioactivity. The camera and a recording device permit the technician to map out the distribution of radioactivity in the organ and image it on an x-ray film. The radioisotope has a half-life of six hours so the procedure is relatively noninvasive and does not harm the patient. If a tumor is present, the image will show a "cold" area (with no activity) where the reticuloendothelial system is destroyed rather than a diffuse homogenous area of "hot spot" activity.

If a tumor mass is noted, the patient would have a workup to determine the site of the primary tumor. If these tests were negative and a tumor of the pancreas was suspected, an ultrasound study would be performed. The study uses soundwaves which are bounced off a target to form a pattern that is converted electronically into a picture of the body below the skin's surface. This noninvasive test is performed by passing a sound probe over the abdomen to outline the liver, and other suspicious masses which may be in the pancreas, gall bladder or common bile duct.

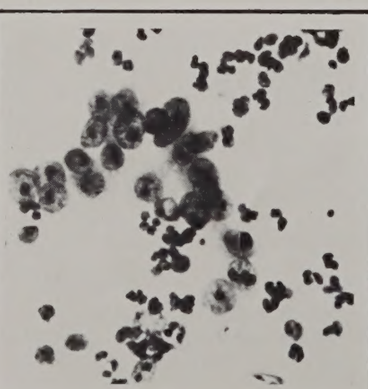
Countless types of tumors can occur in virtually any organ or tissue. Before treatment begins, tumors must be classified according to histologic type, behavior (benign, malignant or metastasis) the degree of malignancy (grade) and extent (stage). With the pathologist's and diagnostic radiologist's reports complete, a plan of treatment can be initiated by the cancer patient's primary physician and other members of the cancer management team.

The best defense a person has against cancer, in addition to practicing preventive medicine, is to know the warning signs of cancer (see box) and to see a physician if these problems occur. The American Cancer Society recently revised its recommendations on many cancer-related medical exams and tests. The guidelines pertain to people with none of cancer's warning signs or symptoms.

Dr. William McDermott, Deaconess surgeon and the scientific director of NEDH's Cancer Research Institute, says that "every individual should have a physician who is familar with the patient's family medical history as well as the patient's past illnesses. This type of patient/physician relationship is more important than a formalized, impersonal checkup for an asymptomatic individual."



Benign cells



Cancer cells

Checking over the agenda for the Diploma Nurses Association's March 26th program are: (l-r) Barbara Hooker, member of the group's legislative committee; Edna Fagan, guest speaker; and Judith Farias, legislative committee.

Diploma Nurses Association holds second annual meeting at NEDH

"Few issues have so divided the nursing profession as the American Nurses Association's proposal that by 1985 the baccalaureate degree be the required level of preparation for entry into the practice," said Edna Fagan, RN, a nationally recognized proponent of hospital-based diploma schools of nursing.

Miss Fagan delivered a paper on "Entry Level Into Practice" at the second annual meeting of the Diploma Nurses Association on March 26, held in the School of Nursing at the Deaconess Hospital.

Miss Fagan's exploration of the issues brought out these facts: 1) The purpose of licensure is to insure a minimum level of competence. Currently all three programs throughout the country (associate degree, bachelor of science and diploma) meet the requirements of the Boards of Nursing in their individual states and jurisdictions, and all graduates are eligible for licensure as registered nurses (RN); 2) diploma graduates are as eagerly sought for employment as any of the other degrees – in fact more so in many areas because their education has given them the ability to move into the acute care settings of hospitals with greater ease and hence greater cost effectiveness.

"Changes in the present nurse practice acts, or rules and regulations of the Board of Nursing, are definitely not in the public's is best interest," said Miss Fagan.

Edna Fagan recently retired as the administrator for nursing service and education at the Nebraska Methodist Hospital in Omaha. She is currently a member of nine national nursing committees and is a frequent contributor to hospital and nursing publications.

The Diploma Nurses Association is an organization committed to the maintenance of quality care through continuing hospital-based schools of nursing. It currently has over 3,200 members from states all over the country.

The Class of 1934 gathered for a reunion at Longwood Towers this past November. Those present included: (front row, l-r) Louise Skinner, Dottie McAlphine Louys, Virginia Tucker Wozmak, Faith Howe Mathey, Doris Bremner Smith, Muriel H. Lund; (middle row, l-r) Ruth Jackson, Ruth Cook Goodhue, Alice Galway Vance; (back row, l-r) Inez Little Beck, Grace Upham, Shirley Clark Health, Ruth Tipping Maquire, Mildred Ratcliffe Grace, Jean Benn Dickson and Joyce Weller Libby, President Laurens MacLure.

Alumnae Notations

Joan Morrison Hobson '51 – recently appointed director of nursing service at Community Hospital in Stanford, Connecticut. Member of Sigma Theta Tau, grandmother of three, also enjoys skiing, hiking and camping.

Judith Lydiard Luhn '63 – named director of nursing at Brattleboro in BSN program at University of New Hampshire where she is an honor student. Active member of Vermont State Nurses Association – serves on legislative committee.

Betsey Ash Johnson '64 – one among first group of 636 nurses in the country to be certified for professional achievement by Association of Operating Room Nurses.

Ellen Bickford Bridge '65 – currently public health nurse for state of Maine, covering rural area.

Beth Church Davis '66 – before Chris's birth I worked in a general practitioner's office. It was a learning experience, and I do miss it at times, but our boys keep me busy.

Rosemary Laffin Graffius '73 – currently living on a 30 acre farm overlooking the river in East Machias, Maine. Raising animals, and bee keeping, enjoying the quiet life. I had completed the first six months of the Family Nurse Association Program prior to Bethany's birth and hope to return next year.

Save this date!

Saturday, November 1, has been set aside for the 12th Annual Alumnae Reunion Day – do mark it on your calendar NOW! Program information and a registration form will appear in the next alumnae issue of the PULSE.

Alumnae News Brief

Weddings

Deborah Fishbach '75 to Paul Galofaro.

Births

Beth Church Dave '66 – second child, second son Christopher Howland, August 12, 1979.

Rosemary Laffin Graffius '73, first child, Bethany Ruth, January 10, 1980.

Sympathy

Marjorie Leighton Cincotta '29 on the death of her husband, Bartholomew, December 1979.

Shirley (Brown) Everett '26 on the death of her husband and brother in December 1979.

Elizabeth Short Johnson '57, on the death of her husband, July 1979.

Deaths

Lila E. Moore '21 – Miss Moore pursued dual careers in teaching and nursing. In 1929 she received a BA in literature from Cornell.

She served as officer in charge of the cadet nursing program at Valley Forge General Hospital in Pennsylvania while serving with the Army Nurse Corps in World War II.

In 1945 she received a MA and Phi Beta Kappa from Columbia University, taught at the Mary C. Wheeler School in the late 1940s – 50s, then resumed nursing and was in private duty until her treatment.

Elizabeth Carlton '25, November '79.

Mildred Adams Danforth '27, mother of Martha Danforth.

NEW ENGLAND DEACONESS HOSPITAL NIGHT

AT THE

POPS

SPONSORED BY "FRIENDS OF THE DEACONESSS"
To Benefit School of Nursing Scholarship Fund

Symphony Hall, Wednesday, May 21, 1980
at 8:00 O'Clock

JOHN WILLIAMS, Conductor

Enclosed please find.....for.....tables or.....seats for Pops Concert, Wednesday, May 21, 1980

Name ..... Phone.....

Address ..... Zip.....

Patrons	Preferred Seating	$100 per table
Rows B-P	$80.00 per table of five	single seats $16.00
Rows A, Q-U	$65.00 per table of five	single seats $13.00
Balcony Seats		single seats $10.50

Tax deductible amount per ticket on
Preferred $8.00 Rows B-P $4.00 Rows A, Q-U $2.50 Balcony $1.00

I CANNOT COME, BUT ENCLOSE MY CONTRIBUTION OF $.....
Please Make Checks Payable to Friends of the Deaconess Pops and Enclose a Self-Addressed Stamped Envelope.

Detach and Mail to:
Mrs. George A. Dempsey, 51 Stony Brae Rd., Newton Highlands, MA 02161

DEADLINE DATE APRIL 21

Louise Sutherland

During Louise Sutherland's ten years at the Deaconess, she has worked in just about every department.

Although she's now permanently based as secretary for ambulatory services, Louise's year as a floating secretary enabled her to observe various components of the hospital's total operation.

"Sometimes working in one department gives you a narrow view of the hospital's purpose," said Louise. "As a floater, I was sent out from personnel to whichever department needed help – Mr. MacLure's office, cardiology, ambulatory services, nursing, etc. The experience gave me a better understanding of how everything fits together in the daily management of a major hospital."

Previous to that position, Louise worked for seven years as a dietetic technician, then secretary, in the department of dietetics.

As ambulatory services secretary, Louise handles the ordering and accounting needs of ambulatory surgery, the GI unit, vascular lab, podiatry, chemotherapy clinic, ambulatory care unit, physical therapy, and observation unit. She's looking forward to the opening of the outpatient registration office (OPR) on Deaconess 1. The OPR will be a centralized "admitting" office for NEDH outpatients, thus alleviating the paper workload for Louise and the unit secretaries.

Louise, who is studying for a BA in business/hospital administration from Northeastern University, feels that being a secretary, especially a floating secretary, is a good way to learn the ropes of any business while you are gaining the education to move up.

Deaconess News in Brief

The work of **Dr. George Blackburn's** Nutrition Support Service with home hyperalimentation patients was discussed earlier this month in articles in the *Boston Herald American, Quincy Patriot Ledger, Holyoke Transcript, Springfield Union* and also on WCVB-TV (Channel 5) News. See page 1 for more on home hyperalimentation.

Dr. Daniel O'Leary of the radiology department described the new Doppler Scanner stroke prevention testing in an April article in *Boston Seniority*.

Dr. Randolph Reinhold, head of ambulatory services, was quoted in *Boston Seniority* on the Earl Spring case involving a patient's competency in deciding to live or die.

Dr. Anthony P. Monaco recently performed a kidney transplant which was telecast in early April on WBZ-TV (Channel 4) *Evening Magazine*.

Health Coordinator **Margaret McLean** assisted the Red Cross in setting up a shelter for 200 evacuees during the chemical leakage accident in Somerville on April 4. Mrs. McLean worked 12 hours at the Winter Hill School – giving nursing care to those who had been exposed to the noxious fumes and adapting menus to the needs of elderly people and those with chronic diseases.

Doug McDougal, a former employee who worked for the service coordination department and the control center over the past six years, is now employed as a general practitioner at the DeFranceschi and Ellis law firm in Boston. He received a law degree from Suffolk University in 1978.

Dr. Charles Trey and **Julie White, RN,** recently addressed a meeting on infectious diseases sponsored by the 804th Hospital Center (U.S. Army Reserve Command). Dr. Trey discussed the clinical aspects of hepatitis while Ms. White spoke on the epidemiology and infection control of the disease.

Martha Griffin, who teaches the introductory post-graduate course in operating room nursing at the Deaconess, lectured on OR nursing at a meeting of the Massachusetts Student Nurses Association in Hyannis on March 9.

In trying to complete the **historical records** of the New England Deaconess Hospital, we find that annual reports for the years 1952 through 1958 are missing from the hospital files. If anyone has a copy of these annual reports, please contact the public relations department at 732-8046.

GASP *(continued from page 1)*

England Journal of Medicine which showed additional evidence that healthy nonsmokers who are chronically exposed to ambient smoke in the workplace suffer lung damage equivalent to that of a light smoker (1-10 cigarettes per day).

"This additional proof of physical harm brings much needed publicity to this issue, and will hopefully stimulate people to join groups such as ours in the effort to restrict smoking in public places," said Ms. Addison.

The Deaconess Hospital, with its longstanding commitment to health promotion and disease prevention, actively supports smoking control programs. As part of this support, the hospital is providing office space for the Nonsmokers' Resource Center. Located since February in Harris Hall, room 428 (732-9602), the center is part of a non-profit, public foundation independent from the Deaconess.

The center intends to offer:

1. Reference/referral services: centralized information on the health and safety hazards of smoking (particularly with respect to non-smokers in enclosed environments), the economic costs of smoking borne by society, and relevant legal and legislative information.

2. Supplies of "Thank You for Not Smoking" signs, and a variety of other nonsmokers material including buttons, bumperstickers and books such as *The Legal Rights of Nonsmokers,* and *National Guide to Smoke-Free Dining.*

Ms. Addison, the center's director, praised the Deaconess for its role in the non-smokers' campaign. "Deaconess was among the first hospitals in New England to recognize and take action to safeguard their patients, staff, and visitors against secondhand smoke. Beginning years ago with the anti-smoking efforts of Drs. Richard Overholt and Theodore Badger, and continuing with Drs. Blake Cady and Joseph Andrews, the Deaconess continues to be a leader in advocating smokefree public environments."

New England Deaconess Hospital **pulse**

The New England Deaconess Hospital is a 489-bed and 14-building complex. Physicians from the Joslin Clinic, the Lahey Clinic, Overholt Thoracic Clinic and the general medical and surgical staffs serve the needs of their patients at the hospital. The Deaconess is internationally known for diagnosis, treatment and research in brain and chest surgery, cancer, diabetes and general medicine, and is affiliated with Harvard Medical School.

PULSE is published monthly by the public relations department of the New England Deaconess Hospital.

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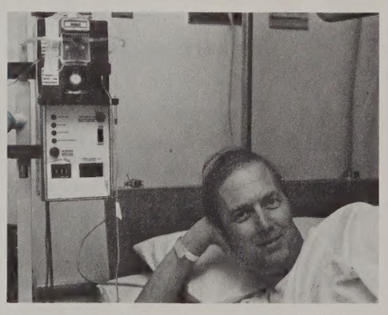

Home hyperalimentation saves patients from starvation. (see p. 1)

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